

B C

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-675)					
SERIAL NO. <u>10/10861173</u> FILING DATE					
APPLICANT					
CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
/10					
/11					
/12					
/13					
/14					
/15					
/16					
/17					
/18					
/19					
/20					
/21					
/22					
/23					
/24					
/25					
/26					
/27					
/28					
/29					
/30					
/31					
/32					
/33					
/34					
/35					
/36					
/37					
/38					
/39					
/40					
/41					
/42					
/43					
/44					
/45					
/46					
/47					
/48					
TOTAL IND.	9		4		
TOTAL DEP.	76		7		
TOTAL CLAIMS	80		50		

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FTC-1285 (3-79)

BEST AVAILABLE COPY